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THE NATURE AND CAUSE OF PHOBIAS, WITH SPECIAL REFERENCE TO SYPHILOPHOBIA

By DR. J. A. HADFIELD

DISCUSSION

DR. MARGARET RORKE said that, like the President, she felt a high appreciation of the address, from which she had learned a great deal. She feared that her knowledge of psychology was very much a matter of "trial and error"; in her medical student days the curriculum did not include definite psychological training, such as present-day students received.

She saw in her V.D. clinic a number of types of cases; it was a clinic for women and children. The phobia cases she saw were gonophobia and syphilophobia cases, but in people who had actually been infected. Probably the lecturer would say they were almost justifiable cases of phobia. There were cases of syphilis whose tests had become satisfactory and were waiting for their discharge, or had actually been discharged. Such a woman might run back to the clinic five years later because of a tiny pimple having occurred on her face, or because her child had nettle-rash, and say, dramatically, "Well, here it is! It has come back." One woman had been married five years, and had a child aged three. The woman had been discharged cured long before she married. Five years after marriage she returned to the clinic and said, "I have come back, I shall soon have a nervous breakdown, I am nearly insane, I have gonorrhœa." The conversation proceeded somewhat as follows: Have you any symptoms? No. Have you children? Yes, but I shall go mad. What will persuade you that you have not venereal disease? Would more tests persuade you? Was it your husband who infected you before marriage? Certainly not, he is all right and healthy. Is there any-

thing I can do to help you ? She, Dr. Rorke, would be glad to hear from Dr. Hadfield whether such a patient should be analysed. (Dr. Hadfield : Yes.) As far as the speaker could see, the patients' fears were natural, they were terrified by the possibility of the neighbours knowing, with the consequent loss of respect ; but in a busy clinic it was difficult to cope with this kind of case because of the large amount of time it took up.

In private she had had an interesting case of a married woman who had been infected by her husband. They had the misfortune to know a man in the husband's employ who was the subject of G.P.I., and knew another person who, from syphilitic optic atrophy, had become blind. The woman produced symptoms remarkably simulating optic atrophy, though she was doing well under treatment ; her tests were now negative, and she was taking her treatment admirably, and her fundi were normal, though she produced crossed vision. Perhaps the types of case she was speaking of were toxic, or were ill as a result of shock. To convince these people that they were all right would mean a doctor's whole time. There was the type of patient who said, " I have my own reasons for believing I am ill, I have been examined and reassured, but I am not satisfied."

DR. HADFIELD (replying at this stage) said he did not deal with the category of those who had been exposed to infection and might have the disease. In the majority of those, what made it persist after cure was an old fear or sense of guilt. In cases such as that of the woman who said she knew she would go mad, the sense of guilt might have originated from some earlier experience ; if she was guilty of masturbating when a small child and she was told that if she continued she would go mad, that fear would become impressed upon her mind, and now took the form that if she was sexual she would go mad ; and if later she got syphilis she would regard it as punishment for the earlier guilt.

In regard to the President's remarks, he asked whether the man had caught syphilis from his second wife. (The President : He showed two or three psoriasis patches on the arm and thigh, and from what he had read in a book he assumed they were lesions of syphilis. As a young man, in Mesopotamia, he had been frequently exposed to infection, and nothing would remove his belief that he

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had got syphilis ; he claimed it was incurable and that an unkind fate awaited him, and he refused to consult anyone else.)

Dr. Hadfield (continuing his reply) said this might have been a revival of an old fear. It might have been that the second wife did not satisfy him properly, and he had the desire for illicit satisfaction. In other cases the patient might have unconscious inhibitions against sex, which might take the form of ejaculatio præcox ; or the man might say he could not have proper sex relations because he had got syphilis, as a means of avoiding intercourse. Both ejaculatio præcox and a phobia might be forms of inhibition and impotence.

DR. DRUMMOND SHIELDS said he had greatly enjoyed the address. He had been turning over in his mind the relationship of phobias to propaganda work in relation to venereal disease. Following educational campaigns on this subject, people were sometimes found to go to V.D. clinics under the belief, based on what they had heard in lectures, that they had syphilis. This occasionally caused medical officers of clinics to be a little caustic about these propaganda efforts. In most of these cases, reassurance probably sufficed ; where it did not, it would appear to be merely a matter of the occasion, *i.e.*, it would have happened in regard to something else, such as cancer, if it had not occurred in connection with venereal disease. Propaganda might not always be carried out as wisely as it should be, and he would like to hear Dr. Hadfield's views on the matter. Risks, he thought, had to be taken in the larger interest of ordinary individuals and of the community.

COLONEL E. T. BURKE said he did not feel he could contribute anything of value to the discussion, but wished very sincerely to thank Dr. Hadfield for his stimulating address.

In three or four cases of the kind which he had had recently, the syphilophobia seemed to have followed an abnormal type of sexual intercourse. The man said he felt sure he had got syphilis or gonorrhœa, and yet there was no history ; and on being pressed, it transpired that he was either homosexual, or had been " fiddling-about " with a woman, for example, in a taxi cab. The condition might be an anxiety neurosis. He asked what Dr. Hadfield's idea was in regard to such a patient.

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When a venereologist was confronted with a patient who had a definite phobia, he should recognise that the case should be at once sent to someone who could treat the case psychologically.

DR. FORGAN said that some years ago, when his duties included teaching on venereal diseases to undergraduates and postgraduates, he encountered two cases of syphilophobia, one in a patient and one in a postgraduate student, the latter being ridiculously afraid of handling patients who had the disease. He felt now that it would have been better if he had directed them to someone who would have analysed their fears. The patient was a real nuisance; although the speaker thought he had convinced him that he had not syphilis, he came back time and again. He had habitually a sullen, morose countenance, but one night his demeanour was entirely different. He was looking quite cheerful; for he had developed acute gonorrhoea and had thereby been cured of his phobia.

DR. DOUGLAS CAMPBELL said he would like to mention one case. It was that of a young fellow, who had led a reasonable life, but during his somewhat long engagement, rather than befoul his approaching matrimony, satisfied himself sexually elsewhere. He had no symptoms, and did not consult the speaker until after his marriage. Tests did not reveal either syphilis or gonorrhoea. He suggested to the man that the best course was to tell all to the wife. The patient fell in with the idea and assented to a triple discussion. To strengthen the position, the wife's blood was examined, and that was negative. Two years later they had a healthy child, and the wife came and thanked the speaker, reporting that her husband had completely recovered from his phobia.

MAJOR F. C. DOBLE said he considered that films dealing with the results of venereal disease gave many people a shake-up, and they attended clinics to be reassured. To people who would not accept reassurance he offered to give the names and addresses of several specialists to whom they could go. There was a type which demanded treatment, and the question was whether one was justified in giving them one or two injections to keep them quiet. They might turn up at a hospital and say, "Won't you give me something now, to go on with?" He thought it was worth while to do this for them, to

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quieten them down a little, and when it was clear what type the case was, one was able to tackle it better.

DR. D. C. LOGAN said she also had been very interested indeed in the address and the subsequent remarks. Dr. Hadfield had given examples of phobias arising from definite severe mental traumata in childhood, and she asked whether phobias arose as easily from lesser traumata in early years. Was the more lax moral atmosphere of the present day in comparison with Victorian days less likely to produce these phobias ?

DR. HADFIELD, in reply, said he did not think the present-day comparative laxity of morals made much difference, as it was not a question of whether the moral standard was high or low, but whether there was a conflict in the mind. Some said psychoneuroses were not found among native races of Africa, etc., but they were in a perpetual state of fear ; it was a question of impulses as against fear of consequences. The more determined and the more immoral the person the greater might be the fear ; it was a matter of moral conflict.

With regard to whether lesser mental traumata caused phobias, the examples he gave were bad ones for the purpose of making the matter clearer. Less severe cases might run a similar course ; from the child's point of view they were severe, though to others they might not appear to be so. Sometimes circumcision was carried out in the first year of life without an anæsthetic ; that was nothing to either the doctor or the mother, but the shock to the infant, even in the early days of life when there was no cutaneous sensation, and therefore no pain, was most severe. If the child had been masturbating before the operation he felt there was a causal connection between the two, that the circumcision was a punishment of the sexuality, with the result that sexuality and all its expressions was feared. The custom of reviving infants at birth by slapping them vigorously on the back might not produce any pain ; but the infant had protopathic sensibility, and suffered severe shock as a result of that.

When patients showed fear of touching anything for fear of contagion, that was often a sequel of masturbation earlier in life. They should be regarded as psychopathological.

He was interested to hear of the man who was cured of

syphilophobia by actually getting gonorrhœa ; it confirmed what he, the speaker, had said, that there was something in that man which said, " I will get what I like,"—a defiance against his inhibitions. When he got gonorrhœa the self-willed defiance was satisfied and so the conflict was resolved. When he got the disease matters became simpler, for he could now be treated for it, while having satisfied his impulse.

As to propaganda, he did not think that what was mentioned was a serious matter ; in the majority of cases he thought reassurance had put the patients right. In the other cases it was only a precipitating cause. The late Lord Moynihan had publicly stated that one in twenty-five people now living would die of cancer, and that was the kind of statement which was calculated to develop a strong fear of cancer if any relative suffered from it ; but one could not stop propaganda for that reason. Occasionally, when a murder had been committed a man who was not the murderer gave himself up for it, because of a latent sense of guilt. It was the same with venereal disease. But he agreed that in propaganda one should be careful not to terrify people more than necessary, and in the propaganda a strong point should be made of possible cure.

In the cases of people who were convinced in their own minds that they had the disease the prognosis was bad, because unless the physician had the co-operation of the patient, nothing in a psychological way could be done with him. Sometimes it could be done by bluff, as in the case in which the man confided in his wife ; confession might relieve the mind. In cases of people who were sure they had the disease he did not think anything could be done until the public were taught that some of these conditions were psychological and curable. The public were now being better informed on these matters, and that was why people were now willing to enter mental hospitals for early treatment.

But the subject of treatment was too large for one evening. Getting at the origin of these fears was, in many cases, a very long process, as resistance was always encountered on the part of the patient. It seemed a sound suggestion that a psychologist should be attached to the staffs of V.D. clinics, and if the Institute of Medical Psychology were communicated with there might be some

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trained doctor there who would be interested to work on the lines of the present discussion.

To assume that a patient had got the disease and to treat him for it, in the face of negative tests, might be a relief to some, but it might be risky in others, because it was not the fear of gonorrhœa but the fear of the impulse in the patient himself which was the crucial trouble in the cases under discussion.

He thanked all present for their patient hearing he was very pleased to find that some of the points he had brought forward had been appreciated.

MR. HAMISH NICOL also thanked the lecturer very much. He saw as many men as women patients, but, so far, he had never had a woman patient suffering from gonophobia or syphilophobia.

The male cases he divided into two classes : (1) those who came to the clinic after having listened to lectures on venereal disease and who had risked infection ; these were easily dealt with by examination and subsequent reassurance ; (2) the type which Dr. Hadfield had presented and which were not so easily dealt with. These were people who had run the risk of infection and could not be persuaded they were free from disease. They returned again and again and could not be convinced, nor would they be induced to seek another opinion. They resented the suggestion that they should see a psychologist, as they declared their minds were all right.

An ex-naval man brought his son to the clinic. The father had syphilophobia and had induced his son to believe he was suffering from congenital syphilis. All their tests were negative.

They went to a doctor in the neighbourhood, who gave them treatment without effect, but confirming them in their belief.

One or two cases of syphilophobia had committed suicide.

He asked what was the prognosis in cases of real syphilophobia and what treatment should be given.

Such an address as this rendered one's work more interesting, but yet he did not feel that it had helped him much in regard to treatment in these cases.